Bureau of Health Care Quality and Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS4304AGC | A. BUILDING _____ B. WING _____ | C 12/01/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN ACRES 2 | 6215 EAST OWENS AVE LAS VEGAS, NV 89110 |

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| Y 000 | Initial Comments<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.<br><br>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of D.<br><br>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.<br><br>The following deficiencies were identified: | Y 000 | | |
| Y 178 SS=F | 449.209(5) Health and Sanitation-Maintain Int/Ext<br><br>NAC 449.209<br>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 12/1/10, the facility failed to ensure the landscaping of the facility was | Y 178 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 178 | Continued From page 1<br>well maintained. The west side of the house was cluttered with old mattresses, boxes of old equipment and supplies, furniture and other items that were stored against the side of the house.<br><br>Severity: 2 Scope: 3 | Y 178 | | |
| Y 251 SS=F | 449.217(2) Storage of Food-Perishable foods refrigerated<br><br>NAC 449.217<br>2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 12/1/10, the freezer in the kitchen failed to maintain the temperature below 0 degrees Fahrenheit or less (1 of 1 freezers was at 25 degrees Fahrenheit)<br><br>Severity: 2 Scope: 3 | Y 251 | | |
| Y 434 SS=E | 449.229(3) Emergency Drills<br><br>NAC 449.229<br>3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. | Y 434 | | |

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| Y 434 | Continued From page 2<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 12/1/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 3 of 12 months (September, October, and November of 2010).<br><br>Severity: 2 Scope: 2 | Y 434 | | |
| Y 435 SS=C | 449.229(4) Fire Extinguisher; Inspection<br><br>NAC 449.229<br>4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 12/1/10, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually.<br><br>Severity: 1 Scope: 3 | Y 435 | | |
| Y 444 SS=E | 449.229(9) Smoke Detectors<br><br>NAC 449.229<br>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. | Y 444 | | |

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| Y 444 | Continued From page 3<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 12/1/10, the facility did not ensure smoke detectors were tested 3 out of the past 12 months (September, October, and November of 2010)<br><br>Severity: 2 Scope: 2 | Y 444 | | |
| Y 883 SS=E | 449.2742(7) Medication / Resident Refusal<br><br>NAC 449.2742<br>7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.<br><br>This Regulation is not met as evidenced by:<br>Based on interview and record review on 12/1/10, the facility did not ensure physician notification was made within 12 hours after a resident refused or missed a medication (Resident #1 refused medication and resident #4 and #6 missed medications).<br><br>Severity: 2 Scope: 2 | Y 883 | | |
| Y 895 SS=C | 449.2744(1)(b)(1) Medication / MAR<br><br>NAC 449.2744<br>1. The administrator of a residential facility that provides assistance to residents in the | Y 895 | | |

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| Y 895 | Continued From page 4<br>administration of medication shall maintain:<br>(b) A record of the medication administered to each resident. The record must include:<br>(1) The type of medication administered;<br>(2) The date and time that the medication was administered;<br>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and<br>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 12/1/10, the facility failed to ensure the medication administration record (MAR) was accurate for 6 of 6 residents. The caregiver was not initialing the MAR after administering the morning medications (Resident #1, #2, #3, #4, #5 and #6).<br><br>This was a repeat deficiency from the 12/3/09 State Licensure survey.<br><br>Severity: 1 Scope: 3 | Y 895 | | |
| Y 908 SS=C | 449.2746(2)(a)-(f) PRN Medication Record<br><br>NAC 449.2746<br>2. A caregiver who administers | Y 908 | | |

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| Y 908 | Continued From page 5<br>medication to a resident as needed shall record the following information concerning the administration of the medication:<br>(a) The reason for the administration.<br>(b) The date and time of the administration;<br>(c) The dose administered;<br>(d) The results of the administration of the medication;<br>(e) The initials of the caregiver; and<br>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 12/1/10, the facility did not ensure the medication record was complete for 6 of 6 residents receiving as needed (PRN) medications (Resident #1, #2,#3, #4, #5 and #6).<br><br>This was a repeat deficiency 12/3/09 State Licensure survey.<br><br>Severity: 1 Scope: 3 | Y 908 | | |
| Y 920 SS=D | 449.2748(1) Medication Storage<br><br>NAC 449.2748<br>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility | Y 920 | | |

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| Y 920 | Continued From page 6<br>shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.<br><br>This Regulation is not met as evidenced by:<br>Based on observation and interview on 12/1/10, the facility failed to keep employee medications in a locked area. Employee over the counter medications were stored in an unlocked cabinet adjacent to the living room and kitchen.<br><br>Severity: 2 Scope: 1 | Y 920 | | |
| Y 922 SS=E | 449.2748(3)(a) Medication Labeling<br><br>NAC 449.2748<br>3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:<br>(a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. | Y 922 | | |

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| Y 922 | Continued From page 7<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 12/1/10, the facility failed to ensure medications were plainly labeled for 3 of 6 residents (Resident #3- eye drops, #4- 81 milligram aspirin, and #5 - calcium supplements).<br><br>Severity: 2 Scope: 2 | Y 922 | | |